



Star Hill Family Athletic Center

# CARE

Children's Alternative Recreation & Education



*Please fill out one form per child*

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's School District: \_\_\_\_\_

School: \_\_\_\_\_

Grade / Teacher: \_\_\_\_\_

Cell Phone (parent): \_\_\_\_\_

Email: \_\_\_\_\_

**Star Hill Members: \$70.00/child per day**

**Non-Members: \$78.00/child per day**

**10% discount on siblings**

Star Hill Member? Yes No

*If you are interested in learning more about memberships, please call  
Deb or Kathy at the facility at 860-871-8800*

**Food Package: \$8.00/child per day**

Includes lunch & one snack

Food Package? Yes No

(lunch will include a choice of main dishes (for example pizza, hot dog, grilled cheese, etc.), chips or fruit, and drink). Kids may bring additional snacks from home.

## Program will run in 4-week sessions

*(participants in current session will be given priority  
registration in following session)*

Choose to send your child 1, 2, or 3 days a week (please call the facility if you require more than 3 days)

## Session 1: Sept 8<sup>th</sup> – Oct. 2<sup>nd</sup>

*Circle day(s) student will be attending below*

**Mon. Tues. Wed. Thurs. Fri.**

*Please fill out the attached Student Schedule to indicate the student's academic requirements for each day selected*

*Student's should arrive each day with  
required work printed*

## Weekly Billing

Payments must be made on the **Monday** of each week of the session. Billing will be done weekly, not daily.

Food Packages will be included in your weekly billing if selected.

We ask that parents take part in our Automatic Billing program where their card on file will be charged on Monday mornings.

**Participation Waiver:** In participating at Star Hill Family Athletic Center, participant/parent/guardian understands that he/she will be using Star Hill Family Athletic Center and the facilities and does so at his/her own risk. Star Hill Family Athletic Center and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, he/she does hereby fully and forever release discharged hold harmless Star Hill Family Athletic Center, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Star Hill Family Athletic Center. Failure to do so may result in suspension from participation.

**Consent:** I the parent, guardian, or participant by signing do hereby grant authority to the staff at Star Hill Family Athletic Center to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Star Hill Family Athletic Center and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

Print Parent/Guardian Name: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_